

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Attorney Docket No. 29137.096.00
Application Number: 10/550,591		Filed: September 13, 2006
For: TRANSPARENT, HIGHLY HEAT-RESISTANT POLYIMIDE PRECURSOR AND PHOTSENSITIVE POLYIMIDE COMPOSITION THEREOF		
Art Unit: 1796	Examiner: Gregory Listvoyb	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>Fee</u> \$130 \$490 \$1110 \$1730 \$2350	<u>Small Entity Fee</u> \$65 \$245 \$555 \$865 \$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	\$ <u>130.00</u> \$ _____ \$ _____ \$ _____ \$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. 50-0911 .		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 42,766		
/Mark R. Kresloff/ _____ Signature		October 21, 2010 _____ Date
Mark R. Kresloff _____ Typed or printed name		(202) 496-7500 _____ Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		